

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90077 032 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000008497**

1. Corporation Name

**INTERLINK AMERICA, INC.**

Principal Place of Business

~~665 EAST MONROE ST  
JACKSONVILLE FL 32202~~

**8789 San Jose Blvd**

**Suite 201A  
Jacksonville, FL 32217**

Mailing Address

**8789 SAN JOSE BLVD  
SUITE 201A  
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/23/1995**

4. FEI Number

**59-3310113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 8789 San Jose Boulevard**

Suite, Apt. #, etc.

**22 Suite 201A**

**23 City & State  
Jacksonville, FL**

**24 Zip Country  
32217 USA**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

**29 Zip Country**

9. Name and Address of Current Registered Agent

**SCHREIDER, GARY L  
8789 SAN JOSE BLVD  
STE 201A  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

**81 Name  
David H. Peek**

**82 Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Boulevard**

**83 Suite 1609**

**84 City  
Jacksonville**

**FL**

**85 Zip Code  
32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ DELETE

NAME **SCHREIER, GARY L**

STREET ADDRESS **8789 SAN JOSE BLVD, #201A**

CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **SWETT, Donald E.**

1.3 STREET ADDRESS **8789 San Jose Blvd -- Suite 201A**

1.4 CITY-ST-ZIP **Jacksonville, FL 32217**

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **WHITCHER, Rick**

2.3 STREET ADDRESS **8789 San Jose Blvd -- Suite 201A**

2.4 CITY-ST-ZIP **Jacksonville, FL 32217**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **PEEK, David H.**

3.3 STREET ADDRESS **1301 Riverplace Blvd -- Suite 1609**

3.4 CITY-ST-ZIP **Jacksonville, FL 32207**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David H. Peek**

**2/18/99 (904) 398-1609**

Date

Daytime Phone #

CR2E034 (11/98)